MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

A FOOT NOTE

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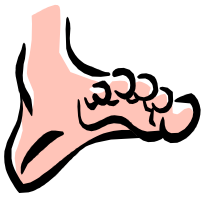


Inside this Issue:

From the Board President

MARYLAND RESIDENCY PROGRAMS

It has come to the attention of the Board that with the exception of the Baltimore Veterans Administration Health Care System's Podiatric Residency Program, podiatric medical and surgical residency programs in the State of Maryland will soon come to an end by July 1, 2006.

The reason behind this demise is that although federal funding for residency programs is channeled directly to hospitals based on the number of residency spots, in Maryland, funds for podiatric residency programs were being allocated by hospitals or by private funding. Presently, the hospitals are no longer willing to subsidize podiatric residency programs out of their general revenue or allocation. The reason for this peculiarity in federal funds distribution is because Maryland is a "waiver state". Consequently, we have the only Medicare waiver in the country to allow federal money to come to the Health Services Cost Review Commission (HSCRC) instead of directly to the hospitals.

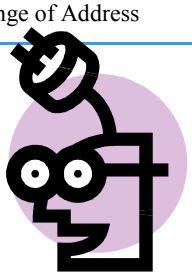
HSCRC states that because podiatrists are not mentioned in their statute and specifically because the podiatric residency programs are not AMA approved, federal funds could only be allocated for physicians and doctors of osteopathic medicine, and not towards training podiatric residents. This appears to be contrary to Federal regulations, where podiatrists are recognized as physicians and for reimbursable purposes, podiatry is an included service.

Maryland will soon become the only state in the country without a university hospital based or community hospital based podiatric residency program. Maryland has had a long history of podiatric residencies, which have included Lutheran Hospital, Liberty Hospital, Maryland Podiatry Residency Program, University of Maryland Hospital, GBMC, Mercy and Sinai Hospitals and affiliations with St. Agnes Hospital and other local hospitals. These programs have trained numerous podiatric residents and have contributed to the outstanding level of podiatric care provided to the citizens of Maryland. In addition to in-patient care, the residents have manned numerous clinics, which provide care to poor and non-insured citizens of Maryland.

It has been predicted that due to baby boomers aging as well as decreased enrollment at Podiatric Colleges that there will be a shortage of podiatrists in the near future. In the past, many of the graduates of these podiatric residencies would stay and practice podiatric medicine in Maryland. This year, the Board of Podiatry has noticed fewer applications for new licensure than in the past and can conclude that this is related to the demise of residency programs in our State. With less licensed podiatrists, income to the Board will be less and thus yearly fees to podiatrists will likely increase.

For these reasons it is imperative that the podiatric community intervene and support a legislative change to restore funding to podiatric residency programs. This is necessary for the well being of the citizens of the State of Maryland and the perpetuation of the highly trained young professionals that emerge from residency programs.

Ira Deming, D.P.M., F.A.C.F.A.S.
President



Special Notice

The Maryland Board of Podiatric Medical Examiners Newsletter is considered an official method of notification to podiatrists. These newsletters may be used in administrative hearings as proof of notification. Please read them carefully and keep them for future reference.

CODING CONCERNS

What can licensees do to make sure they are complying with all the regulations?

The Board, as part of its duty to protect the citizens of this State, reviews complaints from patients and insurers. Recently, most of the complaints are coding related. Coding must always be directly related to the services that are being performed. Upon Board review of the complaint, the conclusion that coding is appropriate to the services provided and that the written notes support the billed services, the Board would dismiss and close such a complaint.

As with all parts of your practice, it is expected by the Board and by payers such as Medicare, Blue Cross Blue Shield, and other Third Party Payers that you as a practitioner know the medical policy (ies) and correct coding that represents the work that you perform. However, an increasing number of licensees have been coding incorrectly and billing for work not documented appropriately nor supported by notes. Credible information is obtainable via the web or by attending seminars, however, the Board must verify such information for correctness and acceptance. At times, incorrect information may be given at "Coding Seminars", on "List Servs" or "Coding On Line Columns". If you incorporate that information into your practice without verifying it yourself, you could be unknowingly committing fraud. If you have been in practice for many years and do not update your resources or obtain credible newsletters such as the APMA provides, nor research the insurers web sites for information, then there is a very good chance you are not up to date with the latest diagnostic codes, CPT Codes, HCPCS Codes and related policies.

Recently, I attended an AAPPM conference where one of the speakers presented incorrect information. This concerned me greatly as the participants in the audience assumed the information being disseminated was accurate. At the end of the discussion, I challenged the accuracy of the information as presented. Initially, this individual did not back down from their statement. Upon pursuing the issue, I was promised that the information would be re-verified for accuracy and I would be informed of such. However, that never occurred! Doesn't that concern you? So, **"Buyer Beware!"** Should you need to defend yourself in the event of an action taken against you, a written policy from a **credible entity** must be obtainable. If you ever have a question, please ask the Board, APMA Coding, AMA CPT Assistant or the specific insurer that you are billing.

The following is a list of examples for credible resources that can be used to verify your correct coding:

APMA Coding:

www.apma.org/s_apma/secmember.asp?CID=259&DID=16787

APMA-Medicare Podiatry Link

www.apma.org/s_apma/secmember.asp?CID=256&DID=16784

Trailblazers LCD's:
www.trailblazerhealth.com/lmrp.asp?lmrptype=dcde

DMERC Questions:
www.palmettogba.com/palmetto/providers.nsf/$$ViewTemplate+for+(Whats+New)?ReadForm&Providers/DMERC

NCCI-Physicians at CMS:
www.cms.hhs.gov/NationalCorrectCodInitEd/01_overview.asp

Carefirst BC/BS Medical Policy:

http://notesnet.carefirst.com/

ecommerce/medicalpolicy.nsf

These examples are by no means the only sources. Always read carefully the policy that is in print. I would recommend printing out the policy since it represents a reference based on that time period that would support your coding.

By David J. Freedman, D.P.M., F.A.C.F.A.S

NEW SCOPE OF PRACTICE

Under the new law podiatrists are able to perform osseous procedures of the ankle in an ambulatory surgery center or a hospital. However, the law requires that in order to be able to perform such surgery in an ambulatory center, the podiatrist **must** be credentialed by a hospital for these specific procedures.

2. The requirement that surgical procedures below the level of the dermis be performed in a hospital setting is removed. This new provision now allows wound care and soft tissue procedures, such as ulcer debridement below the level of the dermis to be performed in an office or at bedside in a nursing facility.

3. Soft tissue surgical procedures will be able to be performed at the mid calf level.

4. Mid calf is interpreted to be the mid substance of the gastrocnemius muscle belly.

5. The new practice act excludes:

Open treatment of acute ankle fractures, and treatment of osseous structures of the leg proximal to the ankle joint.

PRACTICE ISSUES

The Board has ruled that podiatrists may treat warts from the mid-calf to the tip of the toes.

Prohibition Against Charging Administrative Fees

Medicare participating and nonparticipating physicians should not charge Medicare beneficiaries any additional administrative fees or late fees or interest on unpaid copayments or deductibles. When signing the "Medicare Participating Physician or Supplier Agreement", physicians agree to "accept assignment of the Medicare Part B payment for all services for which the participant [the physician] is eligible to accept assignment under the Medicare law and regulations which are furnished while this agreement is in effect." In addition, the Social Security Act, Sec. 1842 (b)(3)(B)(ii), indicates that when physicians accept a Medicare assignment, they are agreeing to accept the Medicare reimbursement as "the full charge for the service" provided to the beneficiary. "When participating providers request any other payment for covered services from Medicare patients, they become liable for substantial penalties and exclusion from Medicare and other Federal health care programs." (Excerpt from Office of Inspector General alert, March 31, 2004.)

The special services for added payment are known by various names and may include "concierge care", "boutique medicine", "retainer practice", or "platinum practice".

Reference: http://www.cms.hhs.gov/mlnmattersarticles/downloads/se0421.pdf

The Centers for Medicare & Medicaid Services (CMS) therefore considers any additional late fees or administrative charges levied by either participating or nonparticipating physicians as violating the agreement to accept Medicare reimbursement as "the full charge for the service." CMS only allows a participating physician to charge 20 percent of the reimbursement allowed for the services) under the Medicare physician fee schedule as the beneficiary's copayment and a nonparticipating physician to charge the "limiting charge," or 109.25 percent of the allowed Medicare reimbursement.

In addition, charging beneficiaries additional administrative fees is specifically prohibited since Medicare already accounts for those charges through practice expense relative value units (RVUs) and malpractice RVUs.

<u>There is an exception to this rule if the services-fees being charged are for non covered Medicare services, then the appropriate fees may then be collected.</u>

Advertising Note

Podiatrists should be very vigilant when advertising in any print media such as newspapers, local advertising flyers or in the yellow pages of the telephone book. Problems arise when an advertisement is posted with incorrect text or is placed in an inappropriate section of the phone book.

The Board has received several complaints about such advertisements and the podiatrists were unaware as to how their advertisements were posted. The Board recommends that podiatrists obtain a printer's proof of each advertisement before it is published to ensure that it is appropriate. Podiatrists should note that it is their responsibility to ensure that all advertisements comply with the Practice Act §16.311(a)(20).

Department of Health and Human Services Proposed Regulations

The Department of Health and Human Services has proposed regulations that will implement Section 1921 of the Social Security Act. These regulations are designed to add all adverse licensure action reports on all licensed practitioners to the National Practitioner Data Bank (NPDB). Currently, only the licensure actions taken against physicians and dentists for reasons related to professional competence or conduct are reported to the NPDB. Licensure actions against podiatrists are presently reported to the Healthcare Integrity and Protection Data Bank (HIPDB).

The proposed regulations will allow hospitals access to adverse licensure action reports on all health care practitioners since under current regulations non-government hospitals have access to licensure reports on physicians and dentists only.

For comments the entire proposed regulations are available at:

www.npdb-hipdb.com/correspondence/Federal Register 2006-03-21.pdf

http://www.mbpme.org

MARYLAND BOARD OF PODIATRIC MEDICAL EXAMINERS

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BOARD AND STAFF MEMBERS

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Ernestine Jones Jolivet, Consumer Member
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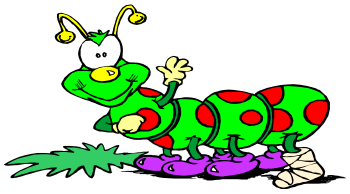
Ernest W. Roberson, Consumer Member
Dennis Weber, D.P.M., Member
Eva H. Schwartz, Executive Director
Elaine Hanratty, Administrative Officer
Oladunni Akinpelu, Administrative Specialist

Richard Bloom, Assistant Attorney General
Board Counsel

CONGRATULATIONS

The Board extends their welcome and congratulations to the following new Maryland podiatric practitioners:

Alan Robert Deroy, D.P.M.
Rafael Gonzalez-Perez, D.P.M.
Melinda Zellars, D.P.M.
David Baek, D.P.M.
David R. Clarkson, D.P.M.



BOARD MEETINGS

The Board meets the second Thursday of each month at the Department of Health and Mental Hygiene, 4201 Patterson Avenue, Baltimore, MD. To place an item on the public agenda, please contact the Board office. The Open Session of the meeting begins at 1:00 p.m. and is open to the public. Meetings scheduled for the remainder of this year:

July 13
August—Summer Recess
September 14
October 12
November 9
December 14

CHANGE OF ADDRSS FORM (To be submitted every time a licensee changes mailing address)

The Board regulations require all licensees to maintain a current address with the Board. There is a $100 penalty for failure to do so. If you have recently moved or are planning a move, please complete and mail the following:

I, _____, submit that my official mailing address is _____.

The change was/is effective on _____. New Phone is _____, email _____

Podiatrist's Signature_____ Date_____

Mail to: MD Board of Podiatric Medical Examiners, 4201 Patterson Avenue Baltimore, MD 21215.